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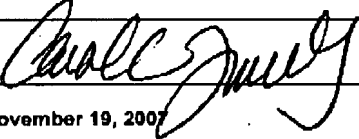
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/421,422 | |
| | Filing Date | October 19, 1999 | |
| | First Named Inventor | HARBURY, PEHR B. | |
| | Group Art Unit | 1639 | |
| | Examiner Name | Liu, Sue Xu | |
| Total Number of Pages in This Submission | 58 | Attorney Docket Number | STAN-390 |
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Credit Card Payment Form 2038 <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | |
| Remarks | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | CAROL L. FRANCIS, PH.D., Reg. No. 36,513 | | |
| Signature |  | | |
| Date | November 19, 2007 | | |

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|---|---|--|
| CERTIFICATE OF FACSIMILE TRANSMISSION | | |
| I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: November 19, 2007. | | |
| Typed or printed name | Carol L. Francis | |
| Signature |  | |
| Date | November 19, 2007 | |

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0851-0032

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 09/421,422 |
| | | Filing Date | October 19, 1999 |
| | | First Named Inventor | HARBURY, PEHR B. |
| | | Examiner Name | Liu, Sue Xu |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 1639 |
| TOTAL AMOUNT OF PAYMENT (\$ 650.00 | | Attorney Docket No. | STAN-390 |

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit Card ☒ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 300 | 180 |


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|--|--|
| Total Claims 25 - 20 or HP = 5 x 25 = 125.00 HP = highest number of total claims paid for, if greater than 20 | Extra Claims Fee (\$) Fee Paid (\$) 125.00 |
| Indep. Claims 2 - 3 or HP = 0 x = HP = highest number of independent claims paid for, if greater than 3 | Extra Claims Fee (\$) Fee Paid (\$) 0 |

3. APPLICATION SIZE FEE
 If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

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| Total Sheets - 100 = / 50 = (round up to a whole number) x | Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |
|--|---|

4. OTHER FEES(S)

| | |
|---|-----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other: <u>Petition for Three Month Extension of Time</u> | \$525.00 |

| | | |
|---------------------|---|---|
| SUBMITTED BY | | |
| Signature |  | Registration No. (Attorney/Agent) 36,513 |
| Name (Print/Type) | Carol L. Francis, Ph.D. | Telephone |
| | | Date 11/19/2007 |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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